


9-2-97 B-8274 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 02 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003330 (8)

1. Corporation Name
COMMUNITY PARTNERSHIP FOR HOMELESS, INC.



Principal Place of Business 1550 NORTH MIAMI AVENUE STE. 1710 MIAMI FL 33131 US	Mailing Address 1550 NORTH MIAMI AVENUE STE. 1710 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
33136	30

3. Date Incorporated or Qualified 07/23/1993	3a. Date of Last Report 07/09/1996
4. FEI Number 65-0425069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OSMOND C. HOWE, JR. ESQ.
200 S. BISCAYNE BLVD.
STE. 4500
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name Lynn M. Summers
82 Street Address (P.O. Box Number is Not Acceptable) 1550 North Miami Ave
83
84 City Miami
85 Zip Code FL 33136

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Lynn M. Summers* **Lynn M. Summers Executive Director** **8/25/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME CHAPMAN, ALVAH H JR.	<input type="checkbox"/> DELETE
STREET ADDRESS ONE HERALD PLAZA	CITY-ST-ZIP MIAMI FL 33132-1693	
TITLE TD	NAME MIGOYA, CARLOS A	<input type="checkbox"/> DELETE
STREET ADDRESS 200 S. BISCAYNE BLVD.	CITY-ST-ZIP MIAMI FL 33131	
TITLE SD	NAME LEWIS, LYNN B	<input type="checkbox"/> DELETE
STREET ADDRESS 1101 BRICKELL AVENUE 703	CITY-ST-ZIP MIAMI FL	
TITLE D	NAME HARRIS, DOUGLAS	<input type="checkbox"/> DELETE
STREET ADDRESS ONE HERALD PLAZA	CITY-ST-ZIP MIAMI FL 33132-1693	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS See List Attached	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

CR2E037 (4/97)

7/17/97

COMMUNITY PARTNERSHIP for HOMELESS, INC. - BOARD LIST

The Honorable Mike Abrams (LIZ)
Rauscher Pierce Ressnes, Inc.
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